

Critical Incident Form

(SCL, SGF, MPW)

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CRITICAL INCIDENT			
Funding Source: <input type="checkbox"/> SCL <input type="checkbox"/> SGF <input type="checkbox"/> MPW			
Participant Directed Services?			
Individual's Last Name: _____ Individual's First Name: _____ Social Security Number: _____ Date of Birth: _____	Reporting Agency: _____ Reporter's Last Name: _____ Reporter's First Name: _____ Reporter's Phone: _____ Reporter's Title: _____		
Category of Critical incident (Select all that apply.)			
*Suspected Abuse	<input type="checkbox"/>	Suicidal Ideation	<input type="checkbox"/>
*Suspected Neglect	<input type="checkbox"/>	Loss of Limb	<input type="checkbox"/>
*Suspected Exploitation	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>
Death	<input type="checkbox"/>	Serious Med Error	<input type="checkbox"/>
Homicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/> Other (Describe): _____	
Critical Incident: Date: _____ Time: _____ Discovery: Date: _____ Time: _____ Name of Location of Incident: _____ Address of Critical Incident: _____ Location Phone Number (@ ° #): _____ Location County : _____		DDID Notification: 7 _____ Date: _____ Time: _____ DCBS Notification: Hotline ID #: _____ Accepted for Investigation: Yes No Unknown Date: _____ Time: _____ Name: _____ or <input type="checkbox"/> DCBS central intake email only if between the hours of 8am-4:30pm, Mon-Fri., No holidays. Guardian Notification: Date: _____ Time: _____ Name: _____ Case Manager Notification: Date: _____ Time: _____ CM Agency Name: _____ CM Phone #: _____ CM Name: _____	

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1) Briefly describe what happened? [Use the first and last name(s) of any staff involved.]

2) What is the person's current status? (Choose one.)

- Stable with no serious changes noted. ☐
- Seen by professional and returned home. ☐
- Seen by professional and admitted to facility. ☐
- ~~Any~~ Other Briefly describe:

3) Why did the critical incident occur? (Choose one.)

- Failure to follow Crisis Support Plan and/or Behavior Support Plan. ☐
- Unable to determine ☐
- Other ☐ Briefly describe:

4) Could this critical incident have been prevented? Yes No

If yes, then how could the critical incident have been prevented? Choose one.

- Track/monitor previous critical incidents ☐
- Ensure timely implementation of current Crisis Support Plan ☐
- Track/monitor medical treatment (ER, doctor, hospital, etc.) ☐
- ~~Any~~ Other Briefly describe:

5) Were staff training needs identified? Yes No

If yes, then identify: (Choose one.)

- Medication administration ☐
- Abuse/Neglect/Exploitation prevention and reporting ☐
- Crisis Prevention ☐
- Person-specific training. For example, dining plan, positioning, etc. ☐

6) Identify needed changes to prevent similar critical incidents. (Choose one.)

- Watch more for advance signs of and triggers for the incident ☐
- Team Meeting ☐
- Improve communication within the agency and between agencies ☐
- Agency processes/procedures improvements ☐
- Other ☐ Briefly describe:

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